

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27506

FILED AUG 23 1948
318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

6964

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barnes Hospital,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days
 (Specify whether)
 In this community 19 days
 years, months or days

3. (a) PRINT

FULL NAME WESLEY WASHINGTON BECKETT

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mildred 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased _____
 (Month) (Day) (Year)

8. AGE: Years 33 Months ? Days ? If less than one day
 hr. _____ min.

9. Birthplace Lawrence County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name Troy Beckett
 { 13. Birthplace Lawrence Co Missouri
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Mable Weigandt
 { 15. Birthplace Lawrence Co Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Burney
 (b) Address Aurora Mo

17. (a) Burial (b) Date thereof 8-2-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo

18. (a) Signature of funeral director Rowland Mortuary Service
 (b) Address 4104 Manchester Ave.

19. (a) AUG 9 - 1948 (b) J. H. Beckett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
 (c) City or town Aurora
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 6
 year 1948 hour 6 minute P M.

21. I hereby certify that I attended the deceased from JULY
18, 1948, to AUGUST 6, 1948
 that I last saw him alive on AUGUST 6, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Torula meningitis

Duration

5 WKS

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Entirely normal post. fossa
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature B. Burney (M. D. or other) _____
 Address Barnes Hospital, Date signed _____

SEP 22 1948

APR 5 1948

APR 30 1948

AUG 31 1948

6964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Van M. Simon

Licensed Embalmer No. *4343*

P. O. Address..... *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.